

# FIXED ASSET MODIFICATION INPUT FORM

The Commonwealth Of Massachusetts



Department/Organization Name

Office of the Comptroller  
Revised as of March 31, 1997

Document ID

TRANS  
FC

Dept

R/Org

Number

Trans Date

Acctg Prd

Dept

FA Type

SW FA Number			Betterment #		FA Group		FA Loc		Fund		RPTG		Org		Prog		Obj		Acq Date		Acq. Method		
Project Code			CIP Flag		Serial Number							Manufacturer											
Vendor Code					Model Number					Vendor Name													
Units		Area		Plat Number			Purch Auth			In Service Date			Valuation Date			Valuation Amount			Useful Life				
Replcmt Date			Salvage Value			Depreciation Method			Closing Costs			SW Asset Description											
Funding Source			Revised Total Asset/Betterment Cost					User Dept		Facility		Disposal Auth			Memo Asset Value			Disp Method					
Change in Selling Price			Disp Date		Equity Acct		Revised Asset/Bett Cost			Dept Asset Number			Dept Asset Description										

Prepared By: \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Approved BY: \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Entered By: \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_